

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Crawford, Lyndon				Name of Joint Debtor (Spouse) (Last, First, Middle): Crawford, Evelyn			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 9880				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 1760			
Street Address of Debtor (No. & Street, City, State & Zip Code): 234 Cove Dr Flossmoor, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 234 Cove Dr Flossmoor, IL			
ZIPCODE 60422-1977				ZIPCODE 60422-1977			
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business: Cook			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE	
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Crawford, Lyndon & Crawford, Evelyn	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Troy L Gleason 9/10/08 Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Crawford, Lyndon & Crawford, Evelyn	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X /s/ Lyndon Crawford _____ Signature of Debtor Lyndon Crawford X /s/ Evelyn Crawford _____ Signature of Joint Debtor Evelyn Crawford _____ Telephone Number (If not represented by attorney) September 10, 2008 _____ Date		Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ Signature of Foreign Representative _____ Printed Name of Foreign Representative _____ Date	
Signature of Attorney* X /s/ Troy L Gleason _____ Signature of Attorney for Debtor(s) Troy L Gleason 6276510 _____ Printed Name of Attorney for Debtor(s) Gleason & Gleason _____ Firm Name 77 W Washington, Ste 1218 _____ Address Chicago, IL 60602 _____ (312) 578-9530 _____ Telephone Number September 10, 2008 _____ Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address X _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. _____ Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date			

IN RE:

Crawford, Lyndon

Case No. _____

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Lyndon Crawford

Date: September 10, 2008

IN RE:

Crawford, Evelyn

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Evelyn Crawford

Date: September 10, 2008

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Crawford, Lyndon & Crawford, Evelyn

Printed Name(s) of Debtor(s)

X /s/ Lyndon Crawford

Signature of Debtor

9/10/2008

Date

Case No. (if known) _____

X /s/ Evelyn Crawford

Signature of Joint Debtor (if any)

9/10/2008

Date

IN RE:

Case No. _____

Crawford, Lyndon & Crawford, Evelyn

Chapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 475,000.00		
B - Personal Property	Yes	3	\$ 61,020.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 497,239.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 20,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		\$ 53,835.81	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 7,207.87
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 7,207.00
TOTAL		18	\$ 536,020.00	\$ 571,074.81	

IN RE:

Case No. _____

Crawford, Lyndon & Crawford, Evelyn

Chapter 7

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 20,000.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 20,000.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 7,207.87
Average Expenses (from Schedule J, Line 18)	\$ 7,207.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 10,419.45

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 21,727.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 20,000.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 53,835.81
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 75,562.81

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Condo at 1000 Holbrook, Homewood, IL		J	80,000.00	65,729.00
Residence at: 234 Cove Dr Flossmoor, IL 60422-1977		J	395,000.00	392,763.00
Timeshare		J	0.00	12,000.00
TOTAL			475,000.00	

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking	J	200.00
		Checking	J	100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	J	1,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing		200.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life - through work - No cash surrender value	J	0.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Retirement	J	42,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Crawford, Lyndon & Crawford, Evelyn

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		04 Ford Expedition	J	10,570.00
		2003 Pontiac Grand Am	J	6,450.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			

IN RE Crawford, Lyndon & Crawford, Evelyn

Debtor(s)

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				61,020.00

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

- (Check one box)
- ☐ 11 U.S.C. § 522(b)(2)
- ☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE A - REAL PROPERTY			
Residence at: 234 Cove Dr Flossmoor, IL 60422-1977	735 ILCS 5 §12-901	30,000.00	395,000.00
SCHEDULE B - PERSONAL PROPERTY			
Checking	735 ILCS 5 §12-1001(b)	200.00	200.00
Checking	735 ILCS 5 §12-1001(b)	100.00	100.00
Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	735 ILCS 5 §12-1001(b)	1,500.00	1,500.00
Retirement	735 ILCS 5 §12-1006(a)	42,000.00	42,000.00
04 Ford Expedition	735 ILCS 5 §12-1001(c)	2,400.00	10,570.00
2003 Pontiac Grand Am	735 ILCS 5 §12-1001(c)	2,400.00	6,450.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 5923406 Caf PO Box 15678 Wilmington, DE 19850-5678		Installment account opened 7/07 VALUE \$ 6,450.00				15,629.00	9,179.00
ACCOUNT NO. 35670730 Ford Motor Credit Corporation PO Box 537901 Livonia, MI 48153-7901		Installment account opened 11/03 VALUE \$ 10,570.00				11,118.00	548.00
ACCOUNT NO. 7591044879059 Home Loan Services Inc 6750 Miller Rd Brecksville, OH 44141-3262		Residence Mortgage account opened 4/07 VALUE \$ 395,000.00				392,763.00	
ACCOUNT NO. 1560674650684 Washington Mutual 7255 Baymeadows Way Jacksonville, FL 32256-6851		Condo Mortgage account opened 3/05 VALUE \$ 80,000.00				65,729.00	
Subtotal (Total of this page)						\$ 485,239.00	\$ 9,727.00
Total (Use only on last page)						\$	\$

1 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Crawford, Lyndon & Crawford, Evelyn

Case No. _____

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Westgate Resorts 2801 Old Winter Garden Rd Ocoee, FL 34761	J	Timeshare				12,000.00	12,000.00
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					

Sheet no. 1 of 1 continuation sheets attached to
 Schedule of Creditors Holding Secured Claims

Subtotal (Total of this page)	\$ 12,000.00	\$ 12,000.00
Total (Use only on last page)	\$ 497,239.00	\$ 21,727.00

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☒ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

IN RE Crawford, Lyndon & Crawford, Evelyn

Case No. _____

Debtor(s)

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. Internal Revenue Service Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114-0326	J	2006 taxes				20,000.00	20,000.00	
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
Subtotal (Totals of this page)						\$ 20,000.00	\$ 20,000.00	\$
Total (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						\$ 20,000.00		
Total (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							\$ 20,000.00	\$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 037550046005339782 Amex PO Box 3001 Malvern, PA 19355-0701		Open account opened 11/95				4,310.00
ACCOUNT NO. 4079 Bank Of America PO Box 26012 Greensboro, NC 27420-6012		Revolving account opened 4/00				8,300.00
ACCOUNT NO. 41173013522384 Beneficial/household Finance 961 Weigel Ave Elmhurst, IL 60126-1058		Revolving account opened 2/05				12,506.00
ACCOUNT NO. 517805261734 Cap One PO Box 5155 Norcross, GA 30091-5155		Revolving account opened 7/04				8,140.00
Subtotal (Total of this page)						\$ 33,256.00
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

3 continuation sheets attached

IN RE Crawford, Lyndon & Crawford, Evelyn

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 517805231450 Cap One PO Box 5155 Norcross, GA 30091-5155		Revolving account opened 5/03				2,856.00
ACCOUNT NO. 5803582668082791 Capital One, N.a. 2730 Liberty Ave Pittsburgh, PA 15222-4704		Installment account opened 7/06				650.00
ACCOUNT NO. Check N Go 2010 River Oaks Dr Calumet City, IL 60409-5074	J	Loan				1,218.00
ACCOUNT NO. Check N Go 13213 Cicero Ave Crestwood, IL 60445-1425	J	Loan				2,253.00
ACCOUNT NO. Check N Go - Corporate Attn Bankruptcy 5155 Financial Way Mason, OH 45040-7447	J					1,200.00
ACCOUNT NO. 6035320075366672 Citibank Usa PO Box 20507 Kansas City, MO 64195-0507		Revolving account opened 10/99				901.00
ACCOUNT NO. 79450119040595633 Dell Financial Svcs 12234 N Ih 35 Austin, TX 78753-1705		Revolving account opened 9/06				787.00

Sheet no. 1 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **9,865.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

IN RE Crawford, Lyndon & Crawford, Evelyn

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1000703581 Hsbc/carsn PO Box 15522 Wilmington, DE 19850-5522		Revolving account opened 11/87				1,583.00
ACCOUNT NO. 4626 HSSI DBA C And R Medical Group PO Box 294 Bedford Park, IL 60499-0294	J	Medical/ Dental Bill				113.31
ACCOUNT NO. 4372710133120 Mcydsnb 9111 Duke Blvd Mason, OH 45040-8999		Revolving account opened 7/86				502.00
ACCOUNT NO. 4376700372320 Mcydsnb 9111 Duke Blvd Mason, OH 45040-8999		Revolving account opened 11/87				104.00
ACCOUNT NO. 438733 Midwest Physicians Group PO Box 95401 Chicago, IL 60694-5401	J	Medical/ Dental Bill				441.00
ACCOUNT NO. 933426 Nicor Gas 1844 W Ferry Rd Naperville, IL 60563-9662		Open account opened 3/05				577.00
ACCOUNT NO. 110103 Quest Diagnostics PO Box 64804 Baltimore, MD 21264-4804	J	Medical/ Dental Bill				93.50

Sheet no. 2 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **3,413.81**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

IN RE Crawford, Lyndon & Crawford, Evelyn

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 771410073452 Sams Club PO Box 103104 Roswell, GA 30076-9104		Revolving account opened 10/04				934.00
ACCOUNT NO. 198127 Well Group Health Partners 333 Dixie Hwy Chicago Heights, IL 60411-1748	J	Medical/ Dental Bill				50.00
ACCOUNT NO. 407110001728 Wf Fin Bank 1 Home Campus Des Moines, IA 50328-0001		Revolving account opened 8/00				5,773.00
ACCOUNT NO. 5856373302032037 Wfnnb/spiegel 995 W 122nd Ave Westminster, CO 80234-3417		Revolving account opened 11/03				153.00
ACCOUNT NO. 86163600861636004 Wfnnb/vctria PO Box 182125 Columbus, OH 43218-2125		Revolving account opened 12/05				391.00
ACCOUNT NO. 						
ACCOUNT NO. 						

Sheet no. **3** of **3** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **7,301.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)Total
\$ **53,835.81**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S): 12 14
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer How long employed Address of Employer	Driver CTA 26 years	Loan Originator Northern Trust 1 years

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ 5,187.11	\$ 4,583.34
2. Estimated monthly overtime	\$	\$
3. SUBTOTAL	\$ 5,187.11	\$ 4,583.34
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ 862.33	\$ 1,224.32
b. Insurance	\$ 474.96	\$ 81.22
c. Union dues	\$	\$
d. Other (specify) See Schedule Attached	\$ 431.25	\$ 137.50
	\$	\$
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 1,768.54	\$ 1,443.04
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 3,418.57	\$ 3,140.30
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$	\$
8. Income from real property	\$ 649.00	\$
9. Interest and dividends	\$	\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$	\$
11. Social Security or other government assistance	\$	\$
(Specify)	\$	\$
	\$	\$
12. Pension or retirement income	\$	\$
13. Other monthly income	\$	\$
(Specify)	\$	\$
	\$	\$
	\$	\$
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 649.00	\$
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 4,067.57	\$ 3,140.30
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 7,207.87	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

IN RE Crawford, Lyndon & Crawford, Evelyn

Case No. _____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Continuation Sheet - Page 1 of 1

	DEBTOR	SPOUSE
Other Payroll Deductions:		
Pension	311.22	
Union Due	120.03	
Retirement		137.50

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 3,467.00
a. Are real estate taxes included? Yes No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 350.00
b. Water and sewer	\$ 30.00
c. Telephone	\$ 120.00
d. Other Internet And Cable	\$ 100.00
3. Home maintenance (repairs and upkeep)	\$ 30.00
4. Food	\$ 600.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 75.00
7. Medical and dental expenses	\$ 44.00
8. Transportation (not including car payments)	\$ 400.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$
b. Life	\$
c. Health	\$
d. Auto	\$ 105.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 750.00
b. Other 2nd Auto	\$ 387.00
Condo Mortgage	\$ 649.00
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other	\$
	\$
	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 7,207.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 7,207.87
b. Average monthly expenses from Line 18 above	\$ 7,207.00
c. Monthly net income (a. minus b.)	\$ 0.87

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 20 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: September 10, 2008 Signature: /s/ Lyndon Crawford
Lyndon Crawford Debtor

Date: September 10, 2008 Signature: /s/ Evelyn Crawford
Evelyn Crawford (Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Crawford, Lyndon & Crawford, Evelyn

Case No. _____

Chapter 7

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
93,000.00	2006 income from employment
90,691.00	2007 income from employment
9,770.00	2008 income from employment (monthly)

2. Income other than from employment or operation of business

- None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
649.00	2006-present income from rental (monthly)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

- None ☐ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Ford Motor Credit	Last 3 months	2,200.00	11,118.00
CarMax	Last 3 months	1,104.00	15,629.00
Home Loan Services Inc 150 Allegheny Center Mall Pittsburgh, PA 15212-5335	Last 3 months	3,416.00	392,763.00
Washington Mutual Bankruptcy 1301 2nd Ave Seattle, WA 98101-2005	Last 3 months	1,557.00	65,729.00

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602		351.00

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: September 10, 2008 Signature /s/ Lyndon Crawford
of Debtor Lyndon Crawford

Date: September 10, 2008 Signature /s/ Evelyn Crawford
of Joint Debtor Evelyn Crawford
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Crawford, Lyndon & Crawford, Evelyn

Case No. _____

Chapter **7**

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
2003 Pontiac Grand Am	Caf				✓
04 Ford Expedition	Ford Motor Credit Corporation				✓
Residence at:	Home Loan Services Inc				✓
Condo at	Washington Mutual				✓
Timeshare	Westgate Resorts	✓			

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

09/10/2008	/s/ Lyndon Crawford	/s/ Evelyn Crawford
Date	Lyndon Crawford	Debtor Evelyn Crawford Joint Debtor (if applicable)

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

IN RE:

Case No. _____

Crawford, Lyndon & Crawford, Evelyn

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 27

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 10, 2008

/s/ Lyndon Crawford

Debtor

/s/ Evelyn Crawford

Joint Debtor

Crawford, Lyndon
234 Cove Dr
Flossmoor, IL 60422-1977

Check N Go
13213 Cicero Ave
Crestwood, IL 60445-1425

Midwest Physicians Group
PO Box 95401
Chicago, IL 60694-5401

Crawford, Evelyn
234 Cove Dr
Flossmoor, IL 60422-1977

Check N Go - Corporate
Attn Bankruptcy
5155 Financial Way
Mason, OH 45040-7447

Nicor Gas
1844 W Ferry Rd
Naperville, IL 60563-9662

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

Citibank Usa
PO Box 20507
Kansas City, MO 64195-0507

Quest Diagnostics
PO Box 64804
Baltimore, MD 21264-4804

Amex
PO Box 3001
Malvern, PA 19355-0701

Dell Financial Svcs
12234 N Ih 35
Austin, TX 78753-1705

Sams Club
PO Box 103104
Roswell, GA 30076-9104

Bank Of America
PO Box 26012
Greensboro, NC 27420-6012

Ford Motor Credit Corporation
PO Box 537901
Livonia, MI 48153-7901

Washington Mutual
7255 Baymeadows Way
Jacksonville, FL 32256-6851

Beneficial/household Finance
961 Weigel Ave
Elmhurst, IL 60126-1058

Home Loan Services Inc
6750 Miller Rd
Brecksville, OH 44141-3262

Well Group Health Partners
333 Dixie Hwy
Chicago Heights, IL 60411-1748

Caf
PO Box 15678
Wilmington, DE 19850-5678

Hsbc/carsn
PO Box 15522
Wilmington, DE 19850-5522

Westgate Resorts
2801 Old Winter Garden Rd
Ocoee, FL 34761

Cap One
PO Box 5155
Norcross, GA 30091-5155

HSSI
DBA C And R Medical Group
PO Box 294
Bedford Park, IL 60499-0294

Wf Fin Bank
1 Home Campus
Des Moines, IA 50328-0001

Capital One, N.a.
2730 Liberty Ave
Pittsburgh, PA 15222-4704

Internal Revenue Service
Centralized Insolvency Operations
PO Box 21126
Philadelphia, PA 19114-0326

Wfnnb/spiegel
995 W 122nd Ave
Westminster, CO 80234-3417

Check N Go
2010 River Oaks Dr
Calumet City, IL 60409-5074

Mcydsnb
9111 Duke Blvd
Mason, OH 45040-8999

Wfnnb/vctria
PO Box 182125
Columbus, OH 43218-2125

IN RE:

Case No. _____

Crawford, Lyndon & Crawford, Evelyn

Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **676.00**

Prior to the filing of this statement I have received \$ **351.00**

Balance Due \$ **325.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

Litigation/Adversary Proceedings
Motions to Redeem \$400.00
Credit Education Fees

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 10, 2008

Date

/s/ Troy L. Gleason

Signature of Attorney

Gleason & Gleason

Name of Law Firm

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending 20		OMB No. 1545-0074	
LYNDON CRAWFORD EVELYN CRAWFORD 234 COVE DR FLOSSMOOR, IL 60422		Your social security number 3 5 2 5 2 9 0 2	
		Spouse's social security number 2 2 2 2 2 2 2 2	
Presidential Election Campaign		You MUST enter your SSN above. Checking a box below will not change your tax or refund.	
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12)		<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Filing Status		1 <input type="checkbox"/> Single 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 13.)	
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)		3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name below.	
Check only one box.		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 14)	
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.	
b <input checked="" type="checkbox"/> Spouse		Boxes checked on 6a and 6b: 2	
c Dependents:		(2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if qual. child for child tax cr.	
(1) First name Last name		No. of children on 6c who: <input checked="" type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation	
NIA CRAWFORD		353-88-8276 DAUGHTER	
LYNDON CRAWFORD II		323-86-3187 SON	
d Total number of exemptions claimed		Add numbers on lines above: 4	
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2	
8a Taxable interest. Attach Schedule B if required		7 90,691.	
b Tax-exempt interest. Do not include on line 8a		8a 80.	
9a Ordinary dividends. Attach Schedule B if required		9a	
b Qualified dividends (see page 19)		9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)		10 885.	
11 Alimony received		11	
12 Business income or (loss). Attach Schedule C or C-EZ		12	
13 Capital gain/ (loss). Attach Sch D. If not required, check here <input type="checkbox"/>		13	
14 Other gains or (losses). Attach Form 4797		14	
15a IRA distributions		15a	
b Taxable amt.		15b	
16a Pensions and annuities		16a	
b Taxable amt.		16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17 (2,963.)	
18 Farm income or (loss). Attach Schedule F		18	
19 Unemployment compensation		19	
20a Social security benefits		20a	
b Taxable amt.		20b	
21 Other income. List type and amount (see page 24)		21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income		22 88,693.	
Adjusted Gross Income		23 Educator expenses (see page 26)	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		24	
25 Health savings account deduction. Attach Form 8889		25	
26 Moving expenses. Attach Form 3903		26	
27 One-half of self-employment tax. Attach Schedule SE		27	
28 Self-employed SEP, SIMPLE, and qualified plans		28	
29 Self-employed health insurance deduction (see page 26)		29	
30 Penalty on early withdrawal of savings		30	
31a Alimony paid b Recipient's SSN		31a	
32 IRA deduction (see page 27)		32	
33 Student loan interest deduction (see page 30)		33	
34 Tuition and fees deduction. Attach Form 8917		34	
35 Domestic production activities deduction. Attach Form 8903		35	
36 Add lines 23 through 31a and 32 through 35		36	
37 Subtract line 36 from line 22. This is your adjusted gross income		37 88,693.	

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 83.

Form 1040 (2007)

Tax and Credits		38	Amount from line 37 (adjusted gross income)	38	88,693.
39a Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a					
if: <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b					
b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here <input type="checkbox"/> 39b					
Standard Deduction for -		40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	42,174.
• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.		41	Subtract line 40 from line 38	41	46,519.
• All others:		42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33	42	13,600.
Single or Married (filing separately), \$5,350		43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	32,919.
Married filing jointly or Qualifying widow(er), \$10,700		44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	4,156.
Head of household, \$7,850		45	Alternative minimum tax (see page 36). Attach Form 6251	45	
		46	Add lines 44 and 45	46	4,156.
		47	Credit for child and dependent care expenses. Attach Form 2441	47	
		48	Credit for the elderly or the disabled. Attach Schedule R	48	
		49	Education credits. Attach Form 8863	49	
		50	Residential energy credits. Attach Form 5695	50	
		51	Foreign tax credit. Attach Form 1116 if required	51	
		52	Child tax credit (see page 39). Attach Form 8901 if required	52	1,000.
		53	Retirement savings contributions credit. Attach Form 8880	53	
		54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
		55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
		56	Add lines 47 through 55. These are your total credits	56	1,000.
		57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	3,156.
Other Taxes		58	Self-employment tax. Attach Schedule SE	58	
		59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
		60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
		61	Advance earned income credit payments from Form(s) W-2, box 9	61	
		62	Household employment taxes. Attach Schedule H	62	
		63	Add lines 57 through 62. This is your total tax	63	3,156.
Payments		64	Federal income tax withheld from Forms W-2 and 1099	64	8,125.
If you have a qualifying child, attach Schedule EIC.		65	2007 estimated tax payments and amount applied from 2006 return	65	
		66a	Earned income credit (EIC)	66a	
		66b	Nontaxable combat pay election <input type="checkbox"/> 66b	66b	
		67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
		68	Additional child tax credit. Attach Form 8812	68	
		69	Amount paid with request for extension to file (see page 59)	69	
		70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
		71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
		72	Add lines 64, 65, 66a, & 67 through 71. These are your total payments	72	8,125.
Refund		73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	4,969.
Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.		74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	4,969.
		b	Routing number 031101208 c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
		d	Account number 10877983350589880		
		75	Amount of line 73 you want applied to your 2008 estimated tax <input type="checkbox"/> 75		
Amount You Owe		76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76	
		77	Estimated tax penalty (see page 61)	77	
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see page 61)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
		Designee's name		Phone no.	Personal ID number
		HR BLOCK		(708) 799-1400	(PIN) 12515
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See page 13. Keep a copy for your records.		Your signature		Date	Your occupation
		For Info Only-Do not file			OPERATING ENGINEER
		Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation
		For Info Only-Do not file			UNDERWRITER
Paid Preparer's Use Only		Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
		Firm's name (or yours if self-employed), address, and ZIP code		Preparer's SSN or PTIN	
		H AND R BLOCK ENTERPRISES INC		P00337303	
		HAZEL CREST, IL 60429		EIN 43-1862223	
				Phone no. (708) 335-2864	

SCHEDULE A
(Form 1040)

Case 08-23999 Doc 1 Filed 09/10/08 Entered 09/10/08 19:26:27 Desc Main

Schedule A - Itemized Deductions

OMB No. 1545-0047

2007

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

LYNDON & EVELYN CRAWFORD

Your social security number
350-58-9880

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (see page A-1) _____

2 Enter amount from Form 1040, line 38 _____

3 Multiply line 2 by 7.5% (.075) _____

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- _____

Taxes You Paid
(See page A-2.)

5 State and local (check only one box):

- a ☒ Income taxes, or
b ☐ General sales taxes

6 Real estate taxes (see page A-5)

PRINCIPLE RESIDENCE _____

7 Personal property taxes _____

8 Other taxes. List type and amount ▶ _____

9 Add lines 5 through 8 _____

Interest You Paid

(See page A-5.)

10 Home mortgage interest and points reported to you on Form 1098 _____

11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address. ▶ _____

Note.

Personal interest is not deductible.

12 Points not reported to you on Form 1098. See page A-6 for special rules. _____

13 Qualified mortgage insurance premiums (See page A-7) _____

14 Investment interest. Attach Form 4952 if required. (See page A-7.) _____

15 Add lines 10 through 14 _____

Gifts to Charity

If you made a gift and got a benefit for it, see page A-8.

16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8 _____

SEE ATTACHMENT

17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500 _____

18 Carryover from prior year _____

19 Add lines 16 through 18 _____

Casualty and Theft Losses

20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.) _____

Job Expenses and Certain Miscellaneous Deductions
(See page A-9.)

21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶ _____

SEE ATTACHMENT

22 Tax preparation fees _____

23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ _____

24 Add lines 21 through 23 _____

25 Enter amount from Form 1040, line 38 _____

26 Multiply line 25 by 2% (.02) _____

27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- _____

Other Miscellaneous Deductions

28 Other - from list on page A-10. List type and amount ▶ _____

Total Itemized Deductions

29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?

- ☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.

☐ **Yes.** Your deduction may be limited. See page A-10 for the amount to enter. _____

30 If you elect to itemize deductions even though they are less than your standard deduction, check here ☐ _____

SCHEDULE E
(Form 1040)**Supplemental Income and Loss** Page 40 of 55(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2007

Attachment
Sequence No. **13**Department of the Treasury
Internal Revenue Service▶ **Attach to Form 1040, 1040NR, or Form 1041.** ▶ **See Instructions for Schedule E (Form 1040).**

Name(s) shown on return

LYNDON & EVELYN CRAWFORD

Your social security number

350-58-9880**Part I Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use**Schedule C or C-EZ** (see page E-3). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

1	List the type and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	Yes	No
A	RENTAL PROPERTY				
	1000 HOLBROOK RD HMWD IL 60430				
B			• 14 days or		
C			• 10% of the total days rented at fair rental value?		
			(See page E-3)		

Income:		Properties			Totals	
		A	B	C	(Add columns A, B, and C.)	
3	Rents received	3	10,800.		3	10,800.
4	Royalties received	4			4	
Expenses:						
5	Advertising	5				
6	Auto and travel (see page E-4)	6				
7	Cleaning and maintenance	7				
8	Commissions	8				
9	Insurance	9	516.			
10	Legal and other professional fees	10				
11	Management fees	11	3,300.			
12	Mortgage interest paid to banks, etc. (see page E-4)	12	3,450.		12	3,450.
13	Other interest	13				
14	Repairs	14	1,500.			
15	Supplies	15				
16	Taxes	16	2,410.			
17	Utilities	17				
18	Other (list) ▶	18				
19	Add lines 5 through 18	19	11,176.		19	11,176.
20	Depreciation expense or depletion (see page E-5)	20	2,587.		20	2,587.
21	Total expenses. Add lines 19 and 20	21	13,763.			
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198 .	22	(2,963.)			
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582 . Real estate professionals must complete line 43 on page 2	23	(2,963.)			
24	Income. Add positive amounts shown on line 22. Do not include any losses	24				
25	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25	(2,963.)			
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 13. Otherwise, include this amount in the total on line 41 on page 2	26	(2,963.)			

KBA For Paperwork Reduction Act Notice, see page E-7 of the instructions.

Schedule E (Form 1040) 2007

1040-Sch E (2007)

FDE-1V 1.7

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CTA Employee Self Service

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Payslip

Employee Name **Lyndon Crawford**
 Organization Email Address

Employee Number **26318**
 Business Group **Chicago Transit Authority**

Choose a Payslip 18-JUN-2008 - 26318 - Check 1

Employee	Lyndon O. Crawford	Organization	Ashland/61st Scheduled Transit Operations
Social Security Number	350-58-9880	Location	61st St Terminal
Badge Number	26318	Bargaining Unit	308 Amalgamated Transit (Rail) Union Local 308
Employee Address	234 COVE DRIVE Flossmoor IL 60422	Job Title	Switchman.308
Latest Hire Date	18-Aug-1987	Position	0000046457.0263.Switchman.FTP.STO
Original Hire Date	18-Aug-1987	Grade	W.H462
		Payroll	Rail

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	02-Jan-2008	09-Dec-2007	22-Dec-2007	25.41

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	2,041.20	334.57	341.60	255.48	1,109.55
YTD	2,041.20	334.57	341.60	255.48	1,109.55

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Regular Time HR	80.00	2,041.20	80.00	2,041.20

Rate Details

Pre-Tax Deductions

Description	Current	YTD
CTA Indemn Fam	7.18	7.18
BCBS PPO Family	62.03	62.03
Def 457	204.12	204.12
Pension PreTax	61.24	61.24

Taxes

Description	Current	YTD
Federal Tax	139.55	139.55
Social Security	122.26	122.26
Medicare	28.59	28.59
IL State Tax	51.20	51.20

After-Tax Deductions

Accruals

Description	Current	YTD
L308 Union Dues	55.40	55.40
FCU Metropolitan L	150.00	150.00
US Savings Bond	50.08	50.08

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Married	2	0.00	0.00	0
Illinois	Not Used	0	0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
270175201	First Midwest Bank	C	XXXXXX4810	1,109.55

TP Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
No results found.				

Pay Statement

Northern Trust Company
50 South LaSalle Street
Chicago IL 60603

Pay Begin Date 06/16/2008
Pay End Date 06/30/2008
Pay Date 06/30/2008
Advice/Check# 539685

Pay Statement List

Special Message

Adjustment Weeks: 06/08/08 to 06/21/08.

Crawford,Evelyn Euniece
234 Cove Dr

Flossmoor IL 60422

EmpID 0057251
Dept 2905
COMM MTG
Location IL-CD-BB BA

Tax Data

	Federal	IL
Filing Status	Single	n/a
Allowances	0	0
Addl Pct	0.000	0.000
Addl Amt	0.00	0.00

Hours and Earnings

Description	Hours	Current
Regular		2,291.67

Taxes

Description	Current
Fed OASDI/EE	140.07
Fed MED/EE	32.76
Fed Withholdng	373.62
IL Withholdng	65.71

Total: \$2,291.67

Total \$612.16

Before-Tax Deductions

Description	Current
Dental	20.50
Thrift Incentive Plan TIP	68.75
Vision	11.94

Total: \$101.19

After-Tax Deductions

Description	Current
Life - Contributory	5.61
Life Insurance - Child	0.75
Spouse Life	1.81

Total: \$8.17

Summary

Total Gross	Total Taxes	Total Deductions	Net Pay
\$2,291.67	\$612.16	\$109.36	\$1,570.15

Net Pay Distribution

Account Type	Account Number	Deposit Amount
Checking	0030224810	1,570.15

Go To

Pay Activities

My Pay

Employee Self Service

Pay Statement

Northern Trust Company
50 South LaSalle Street
Chicago IL 60603

Pay Begin Date 06/01/2008
Pay End Date 06/15/2008
Pay Date 06/13/2008
Advice/Check# 531562

Pay Statement List

Special Message

Adjustment Weeks: 05/18/08 to
06/07/08.

Crawford,Evelyn Euniece
234 Cove Dr
Flossmoor IL 60422

EmplID 0057251
Dept 2905
COMM MTG
Location IL-CD-BB BA

Tax Data

	Federal	IL
Filing Status	Single	n/a
Allowances	0	0
Addl Pct	0.000	0.000
Addl Amt	0.00	0.00

Hours and Earnings

Description	Hours	Current
Regular		2,291.67

Taxes

Description	Current
Fed OASDI/EE	140.07
Fed MED/EE	32.76
Fed Withholding	390.81
IL Withholding	67.78

Total: \$2,291.67

Total \$631.42

Before-Tax Deductions

Description	Current
Dental	20.50
Vision	11.94

Total: \$32.44

After-Tax Deductions

Description	Current
Life - Contributory	5.61
Life Insurance - Child	0.75
Spouse Life	1.81

Total: \$8.17

Summary

Total Gross	Total Taxes	Total Deductions	Net Pay
\$2,291.67	\$631.42	\$40.61	\$1,619.64

Net Pay Distribution

Account Type	Account Number	Deposit Amount
Checking	0030224810	1,619.64

Go To

Pay Activities

My Pay

Employee Self Service

Pay Statement

Northern Trust Company
50 South LaSalle Street
Chicago IL 60603

Pay Begin Date 05/16/2008
Pay End Date 05/31/2008
Pay Date 05/30/2008
Advice/Check# 523480

Pay Statement List**Special Message**

Adjustment Weeks: 05/04/08 to
05/17/08.

Crawford,Evelyn Euniece
234 Cove Dr
Flossmoor IL 60422

EmplID 0057251
Dept 2905
COMM MTG
Location IL-CD-BB BA

Tax Data

	Federal	IL
Filing Status	Single	n/a
Allowances	0	0
Addl Pct	0.000	0.000
Addl Amt	0.00	0.00

Hours and Earnings

Description	Hours	Current
Regular		2,291.67

Taxes

Description	Current
Fed OASDI/EE	142.09
Fed MED/EE	33.23
Fed Withholding	398.92
IL Withholding	68.75

Total: \$2,291.67

Total \$642.99

Before-Tax Deductions

Description	Current
-------------	---------

After-Tax Deductions

Description	Current
-------------	---------

Total:

Total:

Summary

Total Gross	Total Taxes	Total Deductions	Net Pay
\$2,291.67	\$642.99		\$1,648.68

Net Pay Distribution

Account Type	Account Number	Deposit Amount
Checking	0030224810	1,648.68

Go To

Pay Activities
My Pay
Employee Self Service

Pay Statement

Northern Trust Company
50 South LaSalle Street
Chicago IL 60603

Pay Begin Date 05/01/2008
Pay End Date 05/15/2008
Pay Date 05/15/2008
Advice/Check# 515443

Pay Statement List

Special Message

Adjustment Weeks: 04/20/08 to
05/03/08.

Crawford,Evelyn Euniece
234 Cove Dr

Flossmoor IL 60422

EmplID 0057251
Dept 2905
COMM MTG
Location IL-CD-BB BA

Tax Data

	Federal	IL
Filing Status	Single	n/a
Allowances	0	0
Addl Pct	0.000	0.000
Addl Amt	0.00	0.00

Hours and Earnings

Description	Hours	Current
Regular		2,291.67

Taxes

Description	Current
Fed OASDI/EE	142.08
Fed MED/EE	33.23
Fed Withholding	398.92
IL Withholding	68.75

Total: \$2,291.67

Total \$642.98

Before-Tax Deductions

Description	Current

Total:

After-Tax Deductions

Description	Current

Total:

Summary

Total Gross	Total Taxes	Total Deductions	Net Pay
\$2,291.67	\$642.98		\$1,648.69

Net Pay Distribution

Account Type	Account Number	Deposit Amount
Checking	0030224810	1,648.69

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Pay Activities
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Employee Self Service



CTA Employee Self Service

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Payslip

Employee Name **Lyndon Crawford**
 Organization Email Address

Employee Number **26318**
 Business Group **Chicago Transit Authority**

Choose a Payslip 16-JUL-2008 - 26318 - Check 1

Employee	Lyndon O. Crawford	Organization	Ashland/61st Scheduled Transit Operations
Social Security Number	350-58-9880	Location	61st St Terminal
Badge Number	26318	Bargaining Unit	308 Amalgamated Transit (Rail) Union Local 308
Employee Address	234 COVE DRIVE Flossmoor IL 60422	Job Title	Switchman.308
Latest Hire Date	18-Aug-1987	Position	0000046457.0263.Switchman.FTP.STO
Original Hire Date	18-Aug-1987	Grade	W.H462
		Payroll	Rail

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	16-Jul-2008	22-Jun-2008	05-Jul-2008	26.95

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
YTD	36,502.02	7,568.56	6,174.35	3,471.86	19,287.25
Current	2,394.05	524.08	398.00	200.08	1,271.89

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Daily Min Guar HR	0.50	13.48	0.50	13.48
Weekly OT HR			45.10	1,192.21
Holiday HR	8.00	215.62	80.00	2,106.68
Vacation HR			104.00	2,808.34
Regular Time HR	79.50	2,151.47	1,130.00	30,007.86
A1 Addtl Fallback	0.50	13.48	5.00	132.59
Contract Adj				240.86

Rate Details

Pre-Tax Deductions

Description	Current	YTD
CTA Indemn Fam	7.18	107.70

Taxes

Description	Current	YTD
Federal Tax	164.05	2,593.36

BCBS PPO Family	62.03	930.45	Social Security	144.14	2,198.76
Def 457	239.41	3,650.21	Medicare	33.71	514.23
Pension PreTax	143.64	1,984.02	IL State Tax	56.10	868.00
HC Trust	71.82	896.18			

After-Tax Deductions

Description	Current	YTD
Special Dues		61.36
L308 Union Dues		391.30
FCU Metropolitan L	150.00	2,250.00
US Savings Bond	50.08	751.20
L308 COPE Ded		18.00

Accruals

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Married	2	0.00	0.00	0
Illinois	Not Used	0	0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
291812367	First Midwest Bank	C	XXXXXX4810	1,271.89

TP Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
No results found.				

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CTA Employee Self Service

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Payslip

 Employee Name **Lyndon Crawford**
 Organization Email Address

 Employee Number **26318**
 Business Group **Chicago Transit Authority**

Choose a Payslip 02-JUL-2008 - 26318 - Check 1

Go

Employee	Lyndon O. Crawford	Organization	Ashland/61st Scheduled Transit Operations
Social Security Number	350-58-9880	Location	61st St Terminal
Badge Number	26318	Bargaining Unit	308 Amalgamated Transit (Rail) Union Local 308
Employee Address	234 COVE DRIVE Flossmoor IL 60422	Job Title	Switchman.308
Latest Hire Date	18-Aug-1987	Position	0000046457.0263.Switchman.FTP.STO
Original Hire Date	18-Aug-1987	Grade	W.H462
		Payroll	Rail

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	16-Jul-2008	22-Jun-2008	05-Jul-2008	26.95

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
YTD	36,502.02	7,568.56	6,174.35	3,471.86	19,287.25
Current	2,394.05	524.08	398.00	200.08	1,271.89

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Daily Min Guar HR	0.50	13.48	0.50	13.48
Weekly OT HR			45.10	1,192.21
Holiday HR	8.00	215.62	80.00	2,106.68
Vacation HR			104.00	2,808.34
Regular Time HR	79.50	2,151.47	1,130.00	30,007.86
A1 Addtl Fallback	0.50	13.48	5.00	132.59
Contract Adj				240.86

Rate Details

Pre-Tax Deductions

Description	Current	YTD
CTA Indemn Fam	7.18	107.70

Taxes

Description	Current	YTD
Federal Tax	164.05	2,593.36

BCBS PPO Family	62.03	930.45	Social Security	144.14	2,198.76
Def 457	239.41	3,650.21	Medicare	33.71	514.23
Pension PreTax	143.64	1,984.02	IL State Tax	56.10	868.00
HC Trust	71.82	896.18			

After-Tax Deductions

Accruals

Description	Current	YTD
Special Dues		61.36
L308 Union Dues		391.30
FCU Metropolitan L	150.00	2,250.00
US Savings Bond	50.08	751.20
L308 COPE Ded		18.00

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Married	2	0.00	0.00	0
Illinois	Not Used	0	0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
291812367	First Midwest Bank	C	XXXXXX4810	1,271.89

TP Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
No results found.				

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Employee Statement of Earnings and Deductions

EMPLOYEE INFORMATION					TAX DATA			FEDERAL		IL STATE	
Lynn S. Chisholm					Employee #:	28318	Martial Status:	Married	Not Used		
254 Oak St. West					Position Title:	Swickman	Allowances:	2	0		
Pittsford N. 05523					State Rate:	26.952	Add. Pct.:	0	0		
Date:								Add. Amt.:	0	0	
Description					Current	YTD	Description				
Regular Pay					10.90	1,001.14	10.90	2,293.31	Special Dist		
Vacation					10.90	402.12	10.90	2,008.34	Savings Bond		
Holiday					10.90	402.12	10.90	2,008.34	Credit Union		
Overhead 1					3.00	35.73	3.00	1,192.31	Union Dues		
Overhead 2					3.00	35.73	3.00	1,192.31			
Overhead 3					3.00	35.73	3.00	1,192.31			
Overhead 4					3.00	35.73	3.00	1,192.31			
Total:					418.59	5,429.68					
Description					Current	YTD	Description				
HC Trust					74.33	768.46	Special Dist				
Pension					148.66	1,710.59	Savings Bond				
Health Plan					7.18	93.34	Credit Union				
Life Insurance					82.03	806.39	Union Dues				
Total:					247.77	3,164.48					
Total:					418.59	5,429.68					
Description <th>Current</th> <th>YTD</th> <td colspan="5"></td>					Current	YTD					
HC Trust					74.33	768.46					
Pension					148.66	1,710.59					
Health Plan					7.18	93.34					
Life Insurance					82.03	806.39					
Total:					247.77	3,164.48					
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Pension					148.66	1,710.59	Savings Bond				
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Life Insurance					82.03	806.39	Union Dues				
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Life Insurance					82.03	806.39	Union Dues				
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Description <th>Current</th> <th>YTD</th> <td colspan="5">Description </td>					Current	YTD	Description				
HC Trust					74.33	768.46	Special Dist				
Pension					148.66	1,710.59	Savings Bond				
Health Plan					7.18	93.34	Credit Union				
Life Insurance					82.03	806.39	Union Dues				
Total:					247.77	3,164.48					
Total:					418						

DATE	ADVICE #
06/18/2008	289032653

DEPOSIT AMOUNT

Account Type	Account#	Deposit Amt.
Checking Account	XXXXXXXX4810	\$1,318.07
Total:		\$1,318.07

TO: Lyndon O. Crawford
234 COVE DRIVE
BIRMINGHAM, AL 35212

NON-NEGOTIABLE

Employee Statement of Earnings and Deductions

Lyndon O. Crawford 234 CDVE DRIVE Fishers, IL 60422				Employee #: 26318 Position Title: Switchman Base Rate: 26.952		TAX DATA: Federal IL State Marital Status: Married Not Used Allowances: 2 0 Addl. Pct.: 0 0 Addl. Amt.: 0 0						
Description		Current	YTD	Description		Current	YTD	Description		Current	YTD	
Hours	Earnings	Hours	Earnings									
Regular Pay	36.00	1,019.36	361.90	24,886.76	Federal Tax	136.99	2,119.08	Savings Bond	50.08	600.96		
Overtime	34.00	846.88	86.00	2,576.22	Social Security	126.78	1,775.47	Union Dues	55.40	332.40		
Compensation	0.00	0.00	0.00	240.86	IL State Tax	50.47	703.28	Cope		15.00		
Gratuity	0.00	0.00	0.00	1,080.46	Medicare	30.35	415.23	Special Dues		61.36		
Health Plan	0.00	0.00	0.00	1,080.46				Credit Union	150.00	1,800.00		
Life Insurance	0.00	0.00	0.00	82.15								
Total:						346.50	5,013.07					
Description		Current	YTD									
Pension		126.74	1,561.93									
Def Comp 407		216.24	2,946.71									
HC Trust		64.87	685.13									
Indemnity Family		7.16	86.16									
DCBS PPO Family		62.03	744.36									
Total:						502.30	5,013.07					
Gross:		2,182.36	1,082.30	TOTAL TAXES		346.50		TOTAL DEDUCTIONS		735.54		
YTD:		25,487.97	23,442.76							8,834.01		
NET PAY:										1,080.32		
										15,619.99		

DATE 06/04/2008
 ADVICE # 267746149

DEPOSIT AMOUNT

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account#	Deposit Amt.
Checking Account	XXXXXX4810	\$1,080.32
Total:		\$1,080.32

PC: 58 Org: 2232 Pt: 04 Employee#: 26318
 TO: Lyndon O. Crawford
 234 CDVE DRIVE
 Fishers, IL 60422

NON-NEGOTIABLE

Certificate Number: 03788-ILN-CC-004628728

CERTIFICATE OF COUNSELING

I CERTIFY that on August 7, 2008, at 10:00 o'clock AM EDT,

Lyndon Crawford received from

Alliance Credit Counseling, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 7, 2008

By /s/Erica Almond

Name Erica Almond

Title Accredited Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 03788-ILN-CC-004628729

CERTIFICATE OF COUNSELING

I CERTIFY that on August 7, 2008, at 10:00 o'clock AM EDT,

Evelyn Crawford received from

Alliance Credit Counseling, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 7, 2008

By /s/Erica Almond

Name Erica Almond

Title Accredited Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. _____

Crawford, Lyndon & Crawford, Evelyn

Debtor(s)

Chapter 7

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative

To Be Used When Filing over the Internet

PART I - DECLARATION OF PETITIONER

Date: July 29, 2008

A. To be completed in all cases.

I (We) Lyndon Crawford and Evelyn Crawford, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

- ☒ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

- ☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: _____

Lyndon O. Crawford
(Debtor or Corporate Officer, Partner or Member)

Signature: _____

Evelyn E. Crawford
(Joint Debtor)